

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1														51
2														52
3														53
4														54
5														55
6														56
7														57
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42														92
43														93
44														94
45														95
46														96
47														97
48														98
49														99
50														100
TOTAL IND.														TOTAL IND.
TOTAL DEP.														TOTAL DEP.
TOTAL CLAIMS														TOTAL CLAIMS